

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

JAN 10 1939

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

44877
Do not use this space.

1. PLACE OF DEATH

(a) County Luce Registration District No. 853

(b) Township Liberty Primary Registration District No. 6.119

(c) City Harris (d) Street No. _____ St.

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary Bedwell

(a) Residence, No. _____ St. _____ (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. Dean Bedwell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 4 1856

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>83</u>	<u>8</u>	<u>6</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Louisville (STATE OR COUNTRY) Kenn.

FATHER

13. NAME Jack Canterbury

14. BIRTHPLACE (CITY OR TOWN) West Virginia (STATE OR COUNTRY) _____

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) _____

17. INFORMANT Annie B. Dickerson (ADDRESS) Harris Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Harris DATE Dec 12 1939

19. FUNERAL DIRECTOR (NAME) Just & Payne (ADDRESS) Newton Mo

20. FILED Dec 11 1939 Mrs Ruth Tucker Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 10 1939

22. HEREBY CERTIFY, That I attended deceased from Jan 34 to Dec 10 1939

I last saw her alive on Dec 5 1939 Death is said to have occurred on the date stated above, at 5:30 P.M.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis

Date of onset 1929

Other contributory causes of importance: Arteriosclerosis

Name of operation _____ Date of _____

What test confirmed diagnosis? Physical Exam Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) [Signature] M.D.

(Address) Harris, Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 10

District File Number 1-40-101

Date Filed JAN 9 1940

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.